

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

HD
IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2007 OCT 30 PM 12:48

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (
11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

CHRIS COLEMAN

Political Party (if applicable)

N/A

Office Sought

DSM CITY COUNCIL

District (if Senate or House)

at large

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mal E Barkey
SIGNATURE OF PERSON FILING REPORT

277-8568
TELEPHONE

Oct 30, 2007
DATE SIGNED

I AM FILING A Oct 30, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-6-07

County & Local Committees, enter County in
which Election is held

POLK

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 13955.22

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5010.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 18,965.22

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4395.84

Schedule F: Loan Repayments total (Attach Schedule F)

14569.38

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 3000.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

____ YES ____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/22/07	ID# CK# 2415	RICHARD FELICE 3101 SW 32nd PLACE DSM, IA 50321		\$ 250-	<input type="checkbox"/>
10/22/07	ID# CK# 4985	WINIFRED KELLEY 3663 GRAND AVE 706 DSM, IA 50312		15-	<input type="checkbox"/>
10/22/07	ID# CK# 9197	ROBERT BURNETT 2942 SIOUX CT DSM, IA 50321		100-	<input type="checkbox"/>
10/22/07	ID# CK# 4149	PAULEE LIPSMAN 2880 GRAND AVE DES MOINES, IA 50312		50-	<input type="checkbox"/>
10/22/07	ID# CK# 5406	JAMES EDWARDS 2700 BELL AVE DSM, IA 50321		100-	<input type="checkbox"/>
10/22/07	ID# CK# 10372	JULIE LINN 3736 JOHN LYNDER ROAD DSM, IA 50312		100-	<input type="checkbox"/>
10/22/07	ID# CK# 8262	DAVID NOBLE 5000 WESTOWN PKWY WEST DSM, IA 50266		250-	<input type="checkbox"/>
10/22/07	ID# CK# 6443	ROBERT DEE 3814 PARK AVE DSM, IA 50321		100-	<input type="checkbox"/>
10/22/07	ID# CK# 1075	DMELL FRAZIER 2917 VIRGINIA PLACE DSM, IA 50321		50-	<input type="checkbox"/>
	ID# CK#	RON MCKENZIE		20-	<input type="checkbox"/>

SUB-TOTAL

\$ 1075

TOTAL (if last page of this schedule)

\$

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Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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10/22/07	ID# CK# 5198	TOM COATS 1515 E 17TH NORWALK, IA 50211		\$100-	<input type="checkbox"/>
10/22/07	ID# CK# 5542	PICK DEARDEN 3113 KINSEY AVE DSM, IA 50317		25-	<input type="checkbox"/>
10/22/07	ID# CK# 1845	PAUL KNAPP 4949 WEST TOWN PKWY WEST DSM, IA 50266		150-	<input type="checkbox"/>
10/22/07	ID# CK# 3323	LARRY LAND 6048 TERRACE DRIVE JOHNSTON, IA 50131		25-	<input type="checkbox"/>
10/22/07	ID# CK# 2639	STEVEN ZUMBACH 666 WALNUT DSM, IA 50309		250-	<input type="checkbox"/>
10/22/07	ID# CK# 10814	CHRISTOPHER WELP 1420 COUNTRY CLUB BLVD CLIVE, IA		150-	<input type="checkbox"/>
10/22/07	ID# CK# 6850	LOLA KEN WORTHY 4603 OAKWOOD LANE WEST DSM, IA 50265		25-	<input type="checkbox"/>
10/22/07	ID# CK# 4485	MICHAEL CARVER 4417 96TH CT URBANDALE, IA 50322		25-	<input type="checkbox"/>
10/22/07	ID# CK# 2978	GAYLE COLLINS 100 MARKET STREET 418 DSM, IA 50309		100-	<input type="checkbox"/>
10/22/07	ID# CK# 2758	MICHAEL MAJED 4325 SW 31ST ST DSM, IA 50321		50-	<input type="checkbox"/>

SUB-TOTAL

\$900

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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10-28-07	ID# CK# 6398	DAVID A DISCHER 4601 CRESTMOOR DR DSM, IA 50310		\$ 25-	<input type="checkbox"/>
10-28-07	ID# CK# 3465	DAVID SOUTHWELL 13111 WOODLANDS PARKWAY CLIVE, IA 50325		50-	<input type="checkbox"/>
10-28-07	ID# CK# 2098	ELIZABETH GOODWIN 3930 GRAND AVE APT 206 DSM, IA 50312		100-	<input type="checkbox"/>
10-28-07	ID# CK# 4857	CONNIE WIMER 100 4th DSM, IA 50309		100-	<input type="checkbox"/>
10-28-07	ID# CK# 3395	GREGORY BELL PO BOX 657 DES MOINES, IA 50303		250-	<input type="checkbox"/>
10-28-07	ID# CK# 9815	DAVID CARIS 5401 WOODLAND AVE DSM, IA 50312		100-	<input type="checkbox"/>
10-28-07	ID# CK# 1056	TOM DAVIS 3001 BRANCH AVE TEMPLE HILLS MD, 20748		25-	<input type="checkbox"/>
10-28-07	ID# CK# 11302	THOMAS MILLER 8140 CHAMBERY BLVD JOHNSTON IA 50131		200-	<input type="checkbox"/>
10-28-07	ID# CK# 5451	RICHARD HURD 6900 WESTOWN PARKWAY W DSM, IA 50266		50-	<input type="checkbox"/>
10-28-07	ID# CK# 1258	BERNARD GRADVILLE 2935 37th DSM, IA 50310		75-	<input type="checkbox"/>

SUB-TOTAL

\$ 975

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-28-07	ID# CK# 9364	JULE THORSEN 2008 34th DSM, IA 50310		\$ 25	<input type="checkbox"/>
10-28-07	ID# CK# 708	JOEL DRAKE 4231 LINCOLN AVE DSM, IA 50310		100-	<input type="checkbox"/>
10-28-07	ID# CK# 3280	MARY NELSON 4105 TIMBERWOOD DR W DSM, IA 50265		250-	<input type="checkbox"/>
10-28-07	ID# CK# 5307	STEVE FLOOD 4321 GREENWOOD DR DSM, IA 50312		100-	<input type="checkbox"/>
10-28-07	ID# CK# 16110	JOHN PAPPAS JOHN 2116 FM Center / 666 WALNUT DSM, IA 50309		250-	<input type="checkbox"/>
10-28-07	ID# CK# 7651	BOB BRETTEA BREWTON 3817 MERCER ST DSM, IA 50310		25-	<input type="checkbox"/>
10-28-07	ID# CK# 11411	Gerard Neugent 4949 Westown Pkwy / suite 200 W DSM, IA 50266		250-	<input type="checkbox"/>
10-28-07	ID# CK# 7461	JULIET BLISS 3663 GRAND AVE / #904 DSM, IA 50312		50-	<input type="checkbox"/>
10-28-07	ID# CK# 3099	CAROL CONNOLLY 6828 MORNINGSIDE CIR JOHNSTON, IA 50131		50-	<input type="checkbox"/>
10-28-07	ID# CK# 14277	G. DAVID HURD 300 WALNUT ST. #183 DSM, IA 50309		250-	<input type="checkbox"/>
SUB-TOTAL				\$1350	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-28-07	ID# CK# 6984	BARRY SVEC 974 73rd Des Moines, IA 50312		\$100-	<input type="checkbox"/>
10-28-07	ID# CK# 6984	ROGER SMITH 6300 SCHOOL #110 DES MOINES IA 50311		25-	<input type="checkbox"/>
10-28-07	ID# CK# 6322	JACK SCHREIBER 13170 CEDAR CREST LANE CLIVE IA 50325		50-	<input type="checkbox"/>
10-28-07	ID# CK# 3874	MARK F WANDRO 8128 WILDEN DR URBANDALE IA 50322		100-	<input type="checkbox"/>
10-28-07	ID# CK# 8124	WILLIAM McCAHILL 5201 SE. 32nd ST DSM IA 50320		100-	<input type="checkbox"/>
10-28-07	ID# CK# 5512	JON HRABE 4120 OAKWOOD LANE W DSM, IA 50265		100-	<input type="checkbox"/>
10-28-07	ID# CK# 5578	CARLA VANDERLINDEN 4800 QUAIL RUN CIRCLE URBANDALE, IA 50322		25-	<input type="checkbox"/>
10-28-07	ID# CK# 3519	JOHNNY DAVIS 3315 SOUTHERN HILLS DSM IA 50321		250-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$750

TOTAL (if last page of this schedule)

\$

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Page 5 of (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/5/07	ID# CK# 2008	Holt off the Press 313 7th Street Dsm, IA 50309	Postage mailing	\$2500 -
10/8/07	ID# CK# 2010	Barb Hildebrandt 2607 Emma Ave Dsm IA 50321	Candy for Parade	316.29
10/8/07	ID# CK# 2011	Victory store.com 5200 SW 30th Davenport, IA		1,128.55
10/11/07	ID# CK# 2012	Dahls 1819 BEAVER AVE Dsm IA	Postage / stamps	41 ⁰⁰
10/13/07	ID# CK# 2013	Dahls 1819 BEAVER AVE Dsm IA	Postage / stamps	41 ⁰⁰
10/18/07	ID# CK# 2014	Barb Hildebrandt 2607 Emma Ave Dsm IA 50321	services	210 ⁰⁰
10/22/07	ID# CK# 2015	New Golf Cars of Iowa 5181 MAPLE DRIVE PLEASANT HILL, IA	golf cart rental Parade	159 -
	ID# CK#			

SUB-TOTAL \$4395.84

TOTAL (if last page of this schedule) \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page _____ of _____

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
Oct 2007	David Hott, Hott off the Press	Printing & Postage estimate	\$ 3,000 -
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 3000 -

*If actual figure is unknown, show "estimated" beside the figure.

Page _____ of _____
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.